



CITY OF FORT LAUDERDALE – BENEFITS SECTION

WELLNESS INCENTIVE PROGRAM TRACKER FORM

FEDERATION OF PUBLIC EMPLOYEES GROUP NOT ENROLLED IN A MEDICAL PLAN WITH THE CITY
 WELLNESS INCENTIVE PROGRAM PARTICIPATION: JANUARY 1 – DECEMBER 31

Rev: 1 | Date: 01/03/2019 | Print Date: 01/03/2019

EMPLOYEE NAME (PRINT)	EMPLOYEE ID #	DATE OF HIRE/PROMOTION

This form is for use by eligible Federation of Public Employees participating in the City’s Wellness Incentive Program (WIP) who are not enrolled in one of the City’s Medical Plans.

Instructions:

- ✓ Be a regular Full-time active City employee. Temporary full-time employees are not eligible unless they are in the City Management Fellowship Program.
- 1. **Track Your Activities:** Record your activities on this form (both Part 1 and Part 2). This Wellness Incentive Program Tracker form must be completed with the required 500 wellness activity points.
- 2. **Submit Forms:** This completed form along with your completed Wellness Incentive Program Physician Verification form(s) must be submitted and received by the City’s onsite Wellness Coordinator, Kerri Holden. **Both Forms must be completed and received by December 31 to receive your WIP payout.** Please fax the completed forms to 860-847-5126 OR submit/mail to: City of Fort Lauderdale Health and Wellness Center, 4750 N. Federal Highway, Suite 300, Fort Lauderdale, FL 33301, Attention: Kerri Holden, Phone: 954-652-1306.
- 3. **Receive Payout:** After the conclusion of the calendar year, a list of all Federation of Public Employee Community Builders not enrolled in one of the City’s Cigna Medical Plans who earned 500 points will be sent to the City. The City will issue the \$500 (taxable) WIP payout after March 31 of the following year.

RECORD 500 WELLNESS ACTIVITY POINTS:

PART 1. REQUIRED Activity Goals and Values (Employee must complete all 3 for a total of 300 points):

REQUIRED PROGRAM GOALS	INSERT DATE COMPLETED	POINTS (100 EACH)
1. Annual Physical (Preventive Exam) *		100
2. Biometric Health Screening *		100
3. Marathon Health Questionnaire		100
TOTAL REQUIRED POINTS:		300

PART 2. ADDITIONAL Activity Goals to accumulate Points (any combination for total of 200 points):

PREVENTIVE SCREENINGS or HEALTH COACHING	INSERT DATE COMPLETED	POINTS (50 EACH / 1x Per Year)
• Got a Flu Shot *		
• Completed a Mammogram *		
• Completed a Prostate-specific antigen (PSA) screening *		
• Completed a colon cancer screening (colonoscopy) *		
• Completed an OB/GYN Exam *		
• Completed a Cervical cancer screening *		
• Completed a coaching session with the City’s Onsite Wellness Coordinator		

(ADDITIONAL Activity Goals Continued on Back)

* Since you are not on a Medical plan with the City, you must complete the required physical and biometric health screening and any optional preventive screenings with your primary care doctor/practitioner and have them complete the Wellness Incentive Program Physician Verification form found on the City’s benefits web page www.fortlauderdale.gov/benefits. The Marathon Health Questionnaire is also located on the benefits web page.





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WELLNESS ACTIVITY (e.g. Lunch & Learns, EAP webinars, Tobacco & Stress Management Programs, etc.)	INSERT DATE COMPLETED	POINTS (25 EACH / 4 Per Year)
1.		
2.		
3.		
4.		
PHYSICAL ACTIVITY (e.g. gym workouts, walking, exercise classes, etc.)	INSERT DATE COMPLETED	POINTS (25 EACH / 4 Per Year)
1.		
2.		
3.		
4.		
WEIGHT MANAGEMENT ACTIVITY (e.g. Weight Watchers, Jenny Craig, Weight Management Program, etc.)	INSERT DATE COMPLETED	POINTS (25 EACH / 4 Per Year)
1.		
2.		
3.		
4.		

INSERT TOTAL ACTIVITY POINTS (REQUIRED + ADDITIONAL) earned January 1 –December 31 (minimum 500):

Eligibility, Instructions, Conditions and Certification for Wellness Incentive Payout

This form is **only for use by City employees in the Federation of Public Employees group who are not enrolled in one of the City's Medical Plans.**

Eligibility: You must be a regular Full-time active City employee in the Federation of Public Employees Group. Temporary full-time employees are not eligible unless they are in the City Management Fellowship Program. All eligible employees in the Federation of Public Employees group who do not enroll in one of the City's medical plans are able to participate effective the 1st of the month following their date of hire or date of status change by using this form.

Instructions and Conditions: In order to receive an annual taxable City Wellness incentive payout of \$500, eligible employees must achieve 500 wellness activity points between January 1 – December 31 of each year. To achieve the 500 wellness activity points, you must complete the 3 annual required activities for 300 points (annual physical (preventive exam), biometric health screening and Marathon Health Questionnaire) plus complete additional activities for 200 points for a combined total of 500 points per calendar year. You will track your wellness activities on this form. Once you have earned the required total 500 points for the calendar year, please **submit this completed form and the completed Wellness Incentive Program Physician Verification form(s)** to Kerri Holden, City of Fort Lauderdale Wellness Coordinator, by faxing it to 860-847-5126 **no later than December 31**. After the conclusion of the calendar year, all employees who achieved the required goal of 500 activity points will receive a taxable City Wellness incentive, payout after March 31 of the following year. **Eligible employees must be an active eligible City employee at the end of the calendar year (as of 12/31) to receive the incentive payout.** Eligible employees can participate and achieve goals any time prior to December 31 to qualify for the wellness incentive payout and must complete earning the 500 wellness activity points to receive the taxable incentive. For more information on the Wellness Incentive Program, please contact Kerri Holden, City of Fort Lauderdale Onsite Wellness Coordinator, at 954-652-1306.

I have read the Wellness Incentive Program eligibility instructions and conditions. I hereby certify that I have fulfilled the requirements and that the information supplied by me is complete, true and correct. Please sign and date below:

Signature:

Date: